

Iowa Board of Physician Assistants  
IDPH/Bureau of Professional Licensure  
Lucas State Office Building, 5th Floor  
321 E 12th St. Des Moines, IA 50319-0075

**Name of Physician Assistant:** \_\_\_\_\_ **License #:** \_\_\_\_\_

- 645—326.8(148C) Supervision requirements.**

***The physician assistant's signature is required on page two***

[illegible]

